



## SAVED-BY-THE-HELMET CLUB MEMBERSHIP APPLICATION

YOUR NAME		AGE AT TIME OF INCIDENT
ADDRESS		
CITY	STATE	ZIP
HOME TELEPHONE (     ) -		BIKE CLUB AFFILIATION?

### INCIDENT INFORMATION

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_ ☐ AM ☐ PM

Location of incident \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

How did your crash happen? \_\_\_\_\_

\_\_\_\_\_

What did you hit/hit you? ☐ Motor vehicle ☐ Gravel ☐ Storm drain cover ☐ Curb ☐ Guard rail ☐ Tree ☐ Embankment  
☐ Animal (specify) \_\_\_\_\_ ☐ Other (specify) \_\_\_\_\_

What injuries did you have? \_\_\_\_\_

\_\_\_\_\_

Did you receive medical attention for your injuries? ☐ Yes ☐ No

If yes, where did you get care? ☐ Ambulance/Fire Service ☐ Emergency room ☐ Clinic ☐ Family Doctor  
☐ Other (specify) \_\_\_\_\_

Were you hospitalized? ☐ Yes ☐ No

If yes, for what injuries and for how long? \_\_\_\_\_

\_\_\_\_\_

Was your helmet damaged (e.g. cracked, dented, split, etc.)? ☐ Yes ☐ No

If yes, describe \_\_\_\_\_

What/who influenced you to wear a helmet? \_\_\_\_\_

Since your crash, have you tried to influence others to wear their helmet? If so, How? \_\_\_\_\_

\_\_\_\_\_

May we use your story for publicity, in connection with the Saved-By-The-Helmet Club? ☐ Yes ☐ No

Your Signature \_\_\_\_\_ Guardian Signature if under 18 \_\_\_\_\_ Date \_\_\_\_\_

Please include any comments on additional paper and return this form to:

**Saved-by-the-Helmet Club**  
**PO Box 47853 ■ Olympia, WA 98504-7853**  
**(360) 236-2857 or 1-800-458-5281 ext 8**

# SAVED-BY-THE-HELMET CLUB

## ***Are you a Washington resident that has escaped serious injury or death by wearing your bicycle helmet when riding your bicycle?***

*-Out-of-state residents may apply if the incident occurred in Washington State-*

If you have, we would like to invite you to join the “Saved-by-the-helmet” Club sponsored by the Department of Health, Office of Emergency Medical Services and Trauma System and the Washington Traffic Safety Commission.

By completing this membership application and telling us of your experience in avoiding serious injury through use of your bicycle helmet, you can become a member of this group of safety-conscious bicyclists, and receive:

- A **no charge** membership in the “Saved-by-the-helmet” Club
- a membership certificate, suitable for framing
- a “Saved-by-the-Helmet” Club pin, and t-shirt, and
- a “Saved-by-the-Helmet” Club water bottle for use on your bike

To qualify, you must be a bicyclist who at any time has escaped death or serious injury in a bicycle crash, by wearing your helmet. It can be in a crash with a motor vehicle, an object, or a “fall over”.

You can also be recommended by medical personnel, police or law enforcement officials, and any other person familiar with the circumstances of your crash.

## **Let other people know about the Club!**

### **Important facts about bicycle injuries/deaths:**

- 75% of all bicycle-related deaths involved severe head injury
- For ages five to 14 years, injuries to bicyclists cause 20% of all brain injuries
- For ages five to 14 years, bicycle injuries are a major cause of hospitalization
- Bicycle helmets reduce the risk of head injury by 85%
- Bicycle helmet use could save \$96 million dollars in 1990 injury related medical costs
- The risk of being killed or seriously injured in a bicycle crash is greatly reduced with a helmet

**BY HONORING PEOPLE WHOSE LIVES HAVE BEEN “SAVED BY THE HELMET”, WE HOPE TO EDUCATE AND ENCOURAGE OTHERS TO USE THEIR BICYCLE HELMETS.**

Remember to fill-out your membership application and send it in today!!

*Membership Application on Back*

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